GENERAL INSTRUCTION

WHAT TO FILL OUT: Complete all questions on form for any accident that qualifies as being reportable under the conditions indicated under the heading **WHEN TO USE FORM:**

— **Single truck or bus accidents** - Complete all questions.

— **Multiple truck or bus accidents** - This report should be filed for **each** Motor Carrier.

DATA ELEMENT INSTRUCTIONS

ACCIDENT INFORMATION

US DOT: Enter 6-digit number.

State Number: Enter DPU or State issued Carrier Identification Number.

Issuing State of State #: Enter issuing State abbreviation.

Police Dept. ID: Enter the report, accident, document, complaint or other number that identifies the regular police accident report that collects other information on this accident.

Interstate - (Y/N): Commerce, traffic or trade across a state line.

ICC MC #: Enter 5 or 6-digit number.

Carrier Name: Enter the name of the motor carrier company from the **first** available source(vehicle side, driver or shipping papers) and check the appropriate source on the form.

Carrier's Address: Enter carrier's principal place of business (Street Address, City/Town, State and Zip Code).

Accident Date: Enter month, day and year.

Accident Time: Enter hours and minutes (24 hour time)

Accident Location: Enter Number/Name of Highway/Street, City/Town, County and State where accident occurred.

Driver's Identification: Enter Truck or Bus driver's name, Date of Birth, License Number and State of issue.

Vehicle Configuration: Enter number which best describes vehicle; enter Total Length of vehicle, Trailer width and Trailer Length or Other.

Cargo Body Type: Enter number which best describes vehicle.

Number of Axles: Enter the total number of axles on the truck or bus. Include the axles on truck semi-trailers, trailers and converter dollies.

Gross Vehicle Weight Rating: Enter rating in lbs. as listed on manufacturer's ID plate.

Vin #: Enter Vehicle Identification Number assigned by manufacturer.

Vehicle Registration #: Enter registration number, plate type and State of issue.

Haz Mat Placard?: Enter Y(Yes) or N(No) see Title 49 CFR part 172.500.

Haz Mat Release of Cargo?: Enter Y(Yes) or N(No) (Don't count fuel from fuel tank).

Haz Mat Name: Enter name (if applicable) as found in center of placard.

Haz Mat 4-Digit Number: (If applicable) enter the 4-digit number or the name from either the middle of the diamond placard or the rectangular box placard.

Haz Mat 1-Digit Number: Enter number from bottom of diamond.

Federally Reportable?: Enter Y(Yes) or N(No) as defined in Title 49 CFR part 394.7.

CDL Class/Endorsement: Applicable to Commercial Driver's License.

Commercial Vehicle Driving Experience: Enter years and months.

Driver Type: Check one.

Sequence of Events: Enter 1, 2, 3 or 4 in front of items that best describe the sequence of events for this truck or bus only.

Signature:			
Name and Rank	**Badge #**	**Police Dept.**	**Date**

* Be sure to sign both copies